

## EXHIBIT 12

CONFIDENTIAL



## EMPLOYEE INJURY/ILLNESS REPORT

## EMPLOYEE INFORMATION

Date: 04/29/20	Date Hired: 01/09/08	Sex: M
Employee Name: Robbin G. Miller	SS# [REDACTED]	Date of Birth: [REDACTED]
Department: Lynchburg Police Department		
Position Title: Detective		
Home Address: [REDACTED]	Home Phone #: [REDACTED]	Work Phone #: 434.455.6160

## INCIDENT INFORMATION

Date of incident: 04/28/20	Time Employee Shift Began: 3:00pm
Years/Months of Service: 12 yrs 4 mos	Time of Incident: 10:08pm

Location of incident: 1503 Kemper St, Lynchburg, VA

What was the employee doing before the incident occurred? Describe the activity, tools and equipment in use, be specific. Making an arrest of several person obstructing / resisting

What happened? Tell how the injury occurred. While arresting a female, another female grabbed me from behind (assaulting an officer) and during the struggle I fell to the ground striking my elbow on the sidewalk

What was the injury or illness? Part of body affected and how. Right elbow

What object or substance directly harmed the employee? Tool, equipment, vehicle, etc.

Sidewalk

Personal Protective equipment in use?  Yes  No

If yes, please describe.

Report for reporting purpose only?  Yes  No

First Aid treatment?  Yes  No

Medical treatment?  Yes  No

Lost Time From Work/Restricted Duty  Yes  No

Employee hospitalized overnight?  Yes  No

For injuries requiring medical attention, a provider from the City of Lynchburg Panel of Physician's must be seen for treatment of all work related injuries. Which provider did you use?

Physician's Treatment Center  Health Works  Lynchburg General Emergency Room

Employee Signature Robbin G. Miller Date 04/29/20

Supervisor Signature R. Coleman Date 4/30/2020

Supervisor's Name (Print) Sgt. Ronald Coleman Contact # 434.455.6169

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE THE CITY OF LYNCHBURG, FILES ANY ACCIDENT

CITY 000050

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**SUPPLEMENTAL INFORMATION**

**Additional Information:** Sgt. B. Isner advised of injury on scene at time of occurrence. Sgt. B. Williams (supervisor in my office) notified today and advised to leave this form on Sgt. R. Coleman's desk for signature on morning of April 30, 2020.

Injury does not appear to be serious requiring any treatment. Report made for purposes of having it documented should injury become problematic in future. Photos were taken.

**CITY 000051**

City of Lynchburg — Department of Risk Management

ED-2017